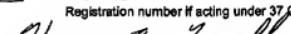


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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i>		Docket Number (Optional) <b>NO484.70571US00</b>
Application Number	10/733,995-Conf. #2044	Filed December 11, 2003
<b>For</b> <b>QUALITY EVALUATION TOOL FOR DYNAMIC VOICE PORTALS</b>		
Art Unit	2626	Examiner D. Godbold
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$130	<u>Small Entity Fee</u> \$65 <u>\$ 130.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245 <u>\$ _____</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555 <u>\$ _____</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865 <u>\$ _____</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175 <u>\$ _____</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> .		
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number <u>_____</u> <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>63,466</u>		
 Signature Thomas A. Franklin Typed or printed name		<u>May 13, 2009</u> Date <u>617.846.8000</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of	1	forms are submitted.

**Certificate of Electronic Filing Under 37 CFR 1.8**  
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(e)(4).  
Dated: May 13, 2009  
Signature:  (Sheila F. Gravine)